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JAN 12 2005

Patent Department

Facsimile Cover Sheet**TODAY'S DATE:** January 12, 2005**PLEASE DELIVER THE FOLLOWING MESSAGE TO:**Examiner's Name: Holly G. SchnizerExaminer's fax number: (703) 872-9306Group number: 1653**THIS MESSAGE IS FROM:**Name: Vineet KohliPhone No.: (732) 594-3889Mail Location: RY60-30Fax No.: (732) 594-4720**RE:** Applicants: Petrukhin et al.Case No.: 20177YPSerial No.: 09/622,964Filed: 12/12/2000Title: BEST'S MACULAR DYSTROPHY GENENUMBER OF PAGES BEING TRANSMITTED (INCLUDING COVER): 6**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL****Terri Schiffman at (732) 594-4373****CERTIFICATION OF FACSIMILE TRANSMISSION**

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TERRI SCHIFFMAN

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1-12-05

Date

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Petrukhin, et al.

Serial No.: 09/622,964 - Case No.: 20177YP

Art Unit:

1653

Filed: December 12, 2000

Examiner:

For: BEST'S MACULAR DYSTROPHY GENE

Schnizer

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

3rd SUPPLEMENTARY AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

Responsive to the outstanding Communication dated May 11, 2004, in the above-identified application, having a ONE (1) month period for response which expires June 11, 2004. Applicants respectfully request the following amendment be entered and the claims considered in light thereof.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.